

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Joseph Vaughan Jr.

18 0232

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

David J. Ebbert **Warden**

Patrick Ramirez **Food Service Admin**

Steve Brown **Health Service Admin**

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

JAN 18 2018

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name **Joseph Vaughan Jr**
ID # **54507 -037**
Current Institution **Florence USP High**
Address **P.O. BOX. #7000**
Florence Co. 81226

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name David J. Ebbert Warden Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name Patrick Ramirez Food Service Shield # Admin
Where Currently Employed _____
Address _____

Defendant No. 3 Name Steve Brown Health Service Shield # Admin
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Lewisburg USP

B. Where in the institution did the events giving rise to your claim(s) occur? Inside the Cell

C. What date and approximate time did the events giving rise to your claim(s) occur? 1st
Week of December 2016

What happened to you?

D. Facts: I was in the Smooth Program. I was feed food that contaminated me causing me to develop food poison.

Who did what?

I was feed my food tray by the unknown correctional officer.

Was anyone else involved?

Several other inmates had become contaminated from the same feeding that same day.

Who else saw what happened?

It was report to the staff and several other officer as well as the Warden.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. My injuries consist of me having severe diarrhea, Vomiting, Cold Sweats, Dizziness, Weakness in my entire body. After having reported this incident. I was given Gatorade, and Suppository. Thus I had these Symptom for a period of approximately 2½ to 3 weeks.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.” Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes / No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

I was being housed and held in the smooth program. Located in Lewisburg PA.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes / No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No / Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No /

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No /

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

DNA

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? DNA

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. DNA

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: No
grievance would have went out anyway. However I file a Tort.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: Health Service, Staff
Officals, Warden, etc.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Tort claim was file. But the offer was decline.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Plaintiff request that any fees
that are incurred from the filing of this action are to be
paid by the bureau Of Prisons. Thus this plantiff request

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes / No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff's Name: _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case DNA
5. Approximate date of filing lawsuit Unknown
6. Is the case still pending? Yes No /
- If NO, give the approximate date of disposition fail to follow it up.
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) DNA
- _____
- _____

C. Have you filed other lawsuits in state or federal court?

Yes / No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.) No

1. Parties to the previous lawsuit:

Plaintiff Joseph Vaughan Jr.

Defendants Mental Health Center, Name Unknown

2. Court (if federal court, name the district; if state court, name the county) State Court

3. Docket or Index number DNA

4. Name of Judge assigned to your case Unknown

5. Approximate date of filing lawsuit Unknown

6. Is the case still pending? Yes No /

If NO, give the approximate date of disposition DNA

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) No Judgment

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of December, 20 17

Signature of Plaintiff 

Inmate Number 54507-037

Institution Address

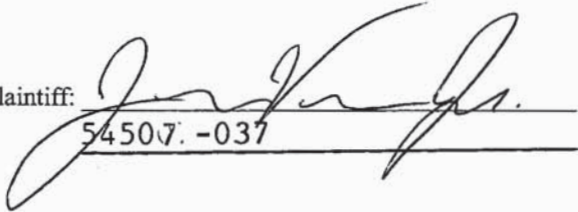
P.O. BOX.#7000

Florence Co. 81226

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 31 day of December, 20 17, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:


54507. -037